

TRANSMITTAL FORM

| | |
|---------------------------|----------------------|
| Application Serial Number | 10/736,896 |
| Filing Date | DECEMBER 17, 2003 |
| First Named Inventor | BORIS MASLOV, ET AL. |
| Group Art Unit | 2837 |
| Examiner Name | COLON SANTANA, E. |
| Attorney Docket No. | 76897-018CIP3 |
| Patent No. | Not applicable |
| Issue Date | Not applicable |

ENCLOSURES (check all that apply)

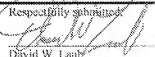
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|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] <input checked="" type="checkbox"/> Petition for Extension of Time (3 months) <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input checked="" type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance | <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate) <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below) |
|---|--|---|

CORRESPONDENCE ADDRESS

Direct all correspondence to: PATENT ADMINISTRATOR
Proskauer Rose LLP
1001 Pennsylvania Ave., N.W.
Suite 400
Washington, D.C. 20004
Tel. No.: (202) 416-6800
Fax No.: (202) 416-6899
CUSTOMER NO: 61263

SIGNATURE BLOCK

Date: October 30, 2006
Reg. No.: 38,708
Tel. No.: (202) 416-6800
Fax No.: (202) 416-6899

Respectfully submitted,

David W. Laub
Attorney for the Applicant(s)
Proskauer Rose LLP
1001 Pennsylvania Ave., N.W.
Suite 400
Washington, D.C. 20004

FEE TRANSMITTAL

FY 2006

Complete if Known

| | |
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| Group No. | 2837 |
| Examiner Name | COLON SANTANA, E. |
| Confirmation No. | 4040 |

METHOD OF PAYMENT

- ☒ Payment Enclosed.
- ☐ Check ☐ Money Order ☒ Other
- ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3840
- ☒ Required Form copy of this sheet enclosed.
- ☒ Additional fee required under 37 CFR 1.16 and 1.17.
- ☒ Overpayment Credit.

☒ Applicant claims small entity status.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | Filing | Search | Examination | Fee Paid |
|------------------|--------|--------|-------------|----------|
| Utility | 300 | 500 | 200 | |
| Design | 200 | 100 | 130 | |
| Plant | 200 | 300 | 160 | |
| Reissue | 300 | 500 | 600 | |
| Provisional | 200 | 0 | 0 | |

Small Entity Discount

1. TOTAL

| 2. EXCESS CLAIM FEES | Fee | Small Entity Fee (\$) |
|--|--------------|-----------------------|
| Each claim over 20 or, the Reissues, each claim over 20 and more than in the original patent. | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent. | 200 | 100 |
| Total Claims | Extra Claims | Fee Paid (\$) |
| | | 0 |

HP = highest number of total claims paid for, if greater than 20

Indep. Claims 10 Extra Claims x \$100.00 = \$300.00

HP = highest number of total claims paid for, if greater than 3

| Multiple Dependent Claims | Fee(\$) | Small Entity Fee (\$) | Fee Paid (\$) |
|---------------------------|---------|-----------------------|---------------|
| | 300 | 180 | |

2. TOTAL: \$300.00

3. APPLICATION SIZE FEE

If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheet or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.166.

| Total Sheets | Extra Sheets | Additional 50 or fraction thereof | Fee (\$) | Fee Paid |
|--------------|--------------|-----------------------------------|----------|----------|
| 100 | 0 | round up to a whole number | x | = 0.00 |

3. TOTAL:

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CUSTOMER NO. 61263

FEE CALCULATION (continued)

4. ADDITIONAL FEES

| Large Entity Fee (\$) | Small Entity Fee (\$) | Fee Description | Fee Paid |
|-----------------------|-----------------------|--|----------|
| 130 | 65 | Surcharge - late filing fee or oath | |
| 50 | 25 | Surcharge - late provisional filing fee or cover sheet | |
| 130 | 130 | Non-English specification | |
| 2,520 | 2,520 | Request for ex parte re-examination | |
| 120 | 60 | Extension for reply within 1 st mo | |
| 450 | 225 | Extension for reply within 2 nd mo | |
| 1,020 | 510 | Extension for reply within 3 rd mo | 510.00 |
| 1,590 | 795 | Extension for reply within 4 th mo | |
| 2,160 | 1,080 | Extension for reply within 5 th mo | |
| 500 | 250 | Notice of Appeal | |
| 500 | 250 | Filing a brief in support of an appeal | |
| 1,000 | 500 | Request for oral hearing | |
| 400 | 0 | Petitions to the Director | |
| 180 | 180 | Submission of IDS | |
| 790 | 395 | Filing a submission after final rejection (37 CFR 1.129(a)) | |
| 790 | 395 | For each additional invention to be examined (37 CFR 1.129(b)) | |
| 100 | 100 | Certificate of Correction for applicant's error | |
| 130 | 65 | Submission of Terminal Disclaimer | |

Other fee (Specify) Request for Continued Examination 395.00

Other fee (Specify)

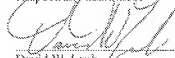
4. TOTAL: \$965.00

TOTAL AMOUNT SUBMITTED

(\$1,265.00)

SIGNATURE BLOCK

Respectfully submitted,



Date: October 30, 2006
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